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If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

Form **720-CS**(September 2000)
Department of the Treasury
Internal Revenue Service**Carrier Summary Report**

OMB No. 1545-xxxx

For the month ending , 20 .

☐ Corrected ☐ Void**Part I Carrier**

Company name

Employer Identification Number (EIN)

Address (number, street, room or suite number)

City, state, and ZIP code (Foreign addresses, include province and postal code as appropriate. Do not abbreviate country name.)

Contact person

Daytime telephone number

FAX number

E-mail address

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Part II Transactions for the Month**Net Gallons** (attach separate schedule if needed)

Enter the transactions for the period on Schedules A and B, then complete lines 1 and 2 for each product code (PC). See page X of the instructions for the product codes.

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	PC:	PC:	PC:	PC:	PC:	PC:	PC:
1 Total carrier receipts. Enter the total of net gallons from Schedule(s) A by product code.							
2 Total carrier deliveries. Enter the total of net gallons from Schedule(s) B by product code.							

Under penalties of perjury, I declare that I have examined this return and accompanying schedules, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ► Title, if applicable ► Date ►

(Please type or print your name below signature.)

For the month ending (enter MM/DD/YYYY)

See page x in the instructions for product codes. ► _____

[illegible]

